VERMONT

Office of Vermont Health Access
312 Hurricane Lane Suite 201
Williston, VT 05495-2087
www.ovha.vt.gov
[Phone] 802-879-5900

Agency of Human Services

PHARMACY ASSESSMENT
MONTHLY DOCUMENTATION FORM

Assessment for: _____ (month)

_____ (year)

Pharmacy Name: _____

Address: _____

_____

NPI #: _____

Prescriptions and Refills (quantity): _____

Amount due the State (quantity X $0.10): $_____

I attest that the above is a true and accurate count of all prescriptions and refills dispensed. This count includes all prescriptions and refills (private insurance, self-pay, Medicaid, etc.).

Print name: _____

Signature: _____ Date: _____

Phone Number: _____ Email: _____

Send completed form and check payable to Office of Vermont Health Access to:

Attn: Cash Coordinator
State of Vermont - Office of Vermont Health Access
312 Hurricane Lane - Suite 201
Williston VT 05495